



INDIVIDUAL RESPONSIBILITY PLAN (IRP)
**CONTRACTED SERVICES (USUALLY):
LEARNING DISABILITY ASSESSMENT (XJ)**

I will participate by getting an assessment done with the provider listed below, at the address listed below by the date listed below to determine whether learning disabilities will interfere with my ability to work. If I will not be available to take part in this assessment on the scheduled date, I will call the person listed below at the phone number listed below on or before the same day and explain why I cannot attend. I understand that if I do not call in on or before the same day, it will be considered an unexcused absence that may result in sanction. I have adequate child care and transportation has been addressed, and these are not an issue. My case manager and I will review this IRP again on the date listed below.

Provider: _____

Address: _____

Must contact provider by this date: _____

Contact name: _____

Phone number: _____

Date of next IRP review: _____